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CLINICS.

CLINICAL LECTURES.

Diphtheritic Paralysis.—Prof. BOUCHUT, in a Clinical Lecture delivered at the Hôpital des Enfants Malades, said he had long been of opinion that the paralyzes observed during the convalescence from diphtheria are a result of anæmia, hydremia, or "*hypoglobulie*." This is, however, a theory that is open for reconsideration. Others regard them as specific paralyzes—i. e., connected with an infection of the blood by means of a principle derived from the prior disease; thus admitting paralysis caused by a diphtheritic principle, just as a syphilitic paralysis is connected with a syphilitic diathesis. This, too, is only an hypothesis; and if this theory of the paralysis of convalescence is to be admitted, we shall have to distinguish, besides the diph-

theritic paralysis, the pneumonic, the typhoid, the scarlatinal, etc., paralyzes—which is inadmissible. It is in another direction that we should seek for the cause of these paralyzes, and especially the diphtheritic, which is the most serious of them all.

This commences by dysphagia of liquids—i. e., with paralysis of the velum, with return of drinks by the nose, and by *nasonnement*. Then come incomplete amaurosis, and paraplegia, which may become ascendant and attack the diaphragm; and sometimes, hemiplegia, strabismus, etc. When the paralysis attacks the respiratory muscles, death is almost certain. There are cases in which, when the paralysis has become thus general, a singular condition of the patient is brought about, characterized by the dislocation of the limbs and the neck. Thus, I had a little girl in my wards, the sub-

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ject of pharyngeal paralysis and ascending paraplegia, who was reduced to the state of a supple puppet, her head and four extremities falling without support or resistance in the direction of their gravity. When raised, her head fell backwards or to one side, just like that of a corpse. The case now under consideration is a curious one, being that of a little girl four years of age, whose father and brother died of croup at the same time that she was suffering from diphtheria, with two buboes under the angle of the left lower jaw. She was cured, and eight days afterwards she became the subject of *nassonnement*, without the rejection of drinks by the nose. She had convergent strabismus of the left eye, *i. e.*, paralysis of the external ocular motor; an incomplete paralysis of the diaphragm and of the abdominal muscles, which did not contract under the influence of tickling; and a complete right hemiplegia, extending even to the face, and producing a deviation of the mouth to the left. This is very rare in diphtheritic paralyzes, in which we much oftener meet with paraplegia than with hemiplegia. Under the influence of the induced current, quinine, iron, and wine, continued during a month, the strabismus and hemiplegia have disappeared, and the child will be able to leave the hospital cured.

In twenty-two out of twenty-six cases of diphtheritic paralysis, double neuro-retinitis has been met with, characterized by a flattening and reddish diffusion of the papilla, the edges of which are effaced and veiled by a reddish-gray cloudiness. This is the most ordinary appearance, but in other children the retina is rendered opaline around the nerve by what is termed a retinian exudation, but which is only an acute steatosis of the nervous elements of this membrane. The vessels present nothing remarkable. In presence of so many facts establishing the habitual coincidence of different degrees of neuro-retinitis in very severe and extensive diphtheritic paralysis, it is difficult to believe that convalescence and hydræmia are its sole causes. A new problem offers itself for our consideration, and we have to seek whether these paralyzes are not

the result of changes in the central portions of the nervous system, and what these changes are. From neuritis and neuro-retinitis accompanying disturbances of the nervous system, we must conclude as to the existence of a nervous alteration in the nerve within the cranium as far as its origin, and consecutively a central organic nervous alteration. How is such an alteration brought about in simple or diphtheritic angina? It is the result of an ascending irritation of the pharyngeal nerves, which is transmitted to the mesocephalon at the origin of the glosso-pharyngeal nerve—an irritation which, according to its extent, gains the origin of the neighbouring nerves, and redescends by them to the optic nerve, the external oculo-motor, the nerves of the limbs, of the abdomen, or the chest, giving rise to hemiplegia or paraplegia, and paralyzing the diaphragm and the intercostals, so as to diminish respiration and hæmatosis. The same course is observed in wounds of the nerves of the eyebrow emanating from the fifth pair, when the inflammation may redescend the optic nerve, and give rise to hyperæmia of the papilla, to be followed by atrophy and amaurosis. So also, in some dental affections, neuritis of the superior maxillary nerve may be produced.

After adverting to various examples of changes induced in the nervous centres by peripheric lesions, Prof. Bouchut concludes by observing:—

"All agree in the most significant manner in the establishment of the organic nature of the diphtheritic paralysis. First, clinical observation shows, in a whole crowd of cases, that peripheric neuritis may extend and mount up to the origin of the nerves in the cerebro-spinal centres; vivisections show the tearing away of nerves followed by central myelitis; the ophthalmoscope habitually reveals a congestive lesion of the optic nerve, and a granulo-fatty retinian peripapillary exudation; and autopsies have shown in some of these cases the existence of lesions of the medulla. This is more than is required to found a firm basis for the doctrine of cerebro-spinal lesions following diphtheria, in preference to the theory

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of the essential character of diphtheritic paralysees. These results are of great therapeutical importance. From the moment that we are able to believe in the existence of a congestive neuropathy produced by diphtheria, and inducing paralysis, the indication of tonics becomes formal. Iron, quinine, wine, good nourishment, electrization, and hydropathy are the means to be resorted to with most advantage. Among these, electrization and hydropathy, combined with substantial alimentation, are the most preferable; for quinine and iron, although useful adjuvants, are yet only adjuvants. In the employment of electricity in diphtheritic paralysis the currents by induction are to be used, the continuous currents, so useful in the myogenic or essential paralysis of children, not being here necessary. A feeble current that is easily borne should be directed for from five to ten minutes daily to the velum, the limbs, and other paralyzed organs. Hydropathy also should be employed twice every day, the douches only being continued for a quarter of a minute, so that prompt and complete reaction may be obtained. If the douche be too prolonged, there is no reaction, and the remedy does more harm than good. Alimentation must also be conducted with discrimination; for if there be paralysis of the velum, but little of liquid aliments or drinks should be given, in order to avoid their return by the nose or their penetration into the air-passages. It ought to consist in thick porridge (*potages*), underdone meat, and well-cooked feculent vegetables. Under this treatment it is rare not to find diphtheritic paralysis soon disappearing."—*Med. Times and Gazette*, Sept. 25, from *Gazette des Hôpitaux*, July 20 and 27.

HOSPITAL NOTES AND GLEANINGS.

Chloral as a Local Application for Ulcers.—On visiting the wards of Guy's Hospital on the 7th of October, we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appear to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced

the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as an hypnotic. Whether it is taken up into the circulation or not matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that, were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping-draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with rapidity in some cases quite astonishing.

In Lydia ward we saw a stout, florid woman, aged fifty, who had suffered from varicose veins for twenty years, and from ulcers for ten years. The ulcers for which she was admitted on Sept. 8th had been open for four years. At the time of her admission, there were two irregularly oval

ulcers occupying the front and outer side of the left leg. The anterior one was nearly seven inches in length, by three inches and a half in breadth; the second, situated behind this, was two inches and a half in length, by three-quarters of an inch in breadth. The surfaces of the sores were deeply excavated and sloughing in parts, whilst the edges were thick, raised, and everted. Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sore were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within a fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

In the same ward there were several other cases of ulcers of less severity that had been treated in the same manner, which presented an equally favourable appearance, and also a case of suppurating cyst of the tongue, for which a gargle of chloral hydrate (two grains to the ounce, sweetened with syrup) had been prescribed as a disinfectant.

In Lazarus ward there is a patient who has suffered from varicose ulcers for ten years. He is a corn-porter, fifty-four years of age, and is accustomed, when at work, to drink five or six pints of beer a day, besides indulging to intoxication at least once in every week. When admitted, his legs were much swollen and inflamed, and the ulcers deeply excavated, sloughing on the surface, and reeking with offensive odours. There was an ulcer on the inner side of the left calf, two inches and a half in length by one inch and three-quarters in breadth; the edges were thick and everted; at the upper part there were high granulations, and below a sloughing surface. On the right leg there were two elongated and irregular ulcers: one on the outer side, five inches in length by two inches in breadth; and one on the inner side, four and a half inches in length and from half an inch to

an inch in breadth. These ulcers were deeply excavated, and in a foul and putrid condition. After the application of chloral lotion for a few days, the sores presented a clean and healthy appearance, all putrescence and bad odour had vanished, and cuticle began rapidly to spread over their surfaces. On the 7th inst., about three weeks after admission, the ulcer on the left leg was reduced to one inch by half an inch, and was a healthy healing sore. The large ulcer on the outer side of the right leg had healed, with the exception of two small portions, one at the lower part and one in the middle; and the ulcer on the inner side of the same leg was healthy and healing, and reduced to three inches in length by half an inch in breadth.

We also saw a boy in the Accident ward who had met with a severe injury in front of the knee, causing extensive sloughing of the integuments in front of the joint. In this case chloral lotion had been used from the first, and had acted favourably in cleansing the wound.

Nearly Fatal Case of Poisoning by a known Dose of Carbolic Acid; Venous Injection of Ammonia; Recovery.—Charlotte C., wt. 37, a debilitated, anemic woman confined six weeks previously, was admitted into the British Royal Infirmary June 5, 1875, for abscess superficial to the right hip-joint, which came on a fortnight after parturition.

It being intended to open the abscess under an antiseptic veil, a solution of carbolic acid in linseed oil (1 to 10) was ordered for that purpose; and of this mixture, on June 7, the woman, on her own responsibility and unknown to the nurse in charge of the ward, took a measured fluidounce, not having partaken of any solid food for several hours. Twelve minutes or more elapsed before the woman's condition arrested the attention of the nurse, who, finding upon inquiry what had occurred, hastily summoned the house surgeon to the patient. When first seen the woman was sufficiently conscious to reply when spoken to sharply; the skin was moist, the face dusky, the pulse weak, and the pupils slightly dilated.

ted. The effects of the chloral lotion were developed almost immediately, and the patient was able to get up and walk. The pump was applied, the wound was washed with carbolic lotion, and twenty minims of the solution were floating on the surface. The odour of the wound was not very offensive at this time, but coming from the unconscious patient, it was absolute, deepened, increased, while the patient scarcely remained in the position of the soft bed. In about the time of the presence of the pupils dilated in manner, the patient also was in the position of the imperceptible palate and it was not extended from falling with the continued reflex sensibility never altered. As dissection was detected in the veins. Two drops of ammonia were injected, a few seconds were perceptible, improvement was necessary, same as benefit. minutes, again ad-

ted. The rapidity with which the toxic effects of the carbolic acid were being developed clearly showing that it was useless to temporize with emetics, the stomach-pump was immediately obtained and applied, the stomach being continuously washed out with tepid water for about twenty minutes, until the ejected matter was perfectly free from oily particles floating on the surface and possessed odour neither of oil nor acid. During this time the state of the patient was becoming every moment more alarming. Unconsciousness was rapidly becoming absolute, the dusky tint of the face deepened, the moisture of the skin increased, and the pupils more dilated, while the pulse was rapid, irregular, and scarcely perceptible; the breathing remained regular, although the relaxation of the soft palate rendered it noisy.

In about three-quarters of an hour from the time when first seen, the condition she presented was most singular. Coma was complete, the face perfectly livid, the pupils dilated, the skin secreting perspiration in the most extraordinarily profuse manner, the surface of the body warm, as also were the extremities, with the exception of the hands, the pulse at the wrist imperceptible, and the muscles of the soft palate and tongue so entirely relaxed that it was necessary to keep the latter organ extended with catch-forceps to prevent it from falling back upon the glottis; yet with these precautions the breathing continued regular, though slow, and the reflex sensibility of the conjunctiva was never altogether abolished.

As dissolution now seemed imminent, it was determined to inject ammonia into the veins, and with all possible despatch. Two drops of the strong solution of ammonia diluted with water were gradually injected into a vein of the forearm. In a few seconds the radial pulse became perceptible, and there was slight general improvement, which was, however, but transient, for in a quarter of an hour it was necessary to repeat the injection the same as before, and again with marked benefit. After waiting another fifteen minutes, the injection of ammonia was again administered, after which the pulse

remained perceptible, and the patient's condition improved in every respect. Within another half-hour consciousness had returned, and in less than two hours from the time when first seen, she had sufficiently recovered to be left in charge of two students, who had rendered most valuable assistance throughout.

On recovery she was completely ignorant of what had occurred, and did not know that any mistake had been made. She complained of no pain except in the tongue, and experienced no relapse, but remained in partial prostration for some days, and suffered from an attack of gastric catarrh, which subsided under appropriate treatment.

The urine was not examined.

The case is one of interest, inasmuch as the dose taken (as nearly as possible fifty grains) was accurately known, and the symptoms throughout closely watched. This quantity of carbolic acid would appear to be about the limit which can be taken without a fatal result following; indeed, had the acid been in watery solution, and therefore capable of more rapid absorption, or had the woman been left without treatment, recovery would in all probability not have taken place. The experience of this case demonstrates, moreover, the value of injection of ammonia into the circulation in such cases, where we have no direct antidote, and shows that if life can be maintained for about a couple of hours, one may hope to have obviated the tendency to death.—*Lancet*, Sept. 25, 1875.

Treatment of Diseased Joints.—The treatment of diseased joints by sulphuric acid is likely to be fully tried at Guy's Hospital, London. Mr. COOPER FORSTER has resorted to it in one or two cases, and some weeks ago we had the opportunity of seeing the method applied by Mr. Durham.

Three patients were thus treated on this occasion, all of whom were suffering from advanced pulpy degeneration of the synovial membrane of a joint, and in one case a condyle of the femur was also necrosed, and a small piece of bone was removed from the joint with forceps.

Four joints in the three patients were operated upon: in one patient the ankle-joint, in one the knee, and in one the knee and the wrist-joints were the seats of disease. The mode of operating was simply to make one or more incisions into the joint, let out any flaky or puriform fluid which might be present, and then to stuff strips of lint, soaked in a mixture of one part of the sulphuric acid of the shops with two of water, into it. The parts were then covered with carded oakum and a bandage, and the limb was fixed on a splint. No great amount of pain can be produced by the application, for one of the patients seemed quite comfortable and without any sign whatever of suffering, when we saw her again about half an hour after recovering consciousness from chloroform.

Through the courtesy of Mr. Howse we saw, at the same visit, several cases of excision of the knee-joint which had been operated upon by him. Mr. Howse operates in the usual way, but his method of immediate after-treatment is somewhat different in some of its details to that which is generally followed elsewhere. After the operation is finished, and before the patient leaves the operating-table, the limb is set in a modified McIntyre splint, such as has been before described in these columns as in use at other institutions; then the spaces between the sides of the splint and the limb are filled with cotton-wool soaked in melted wax; next a roller soaked in the same material is applied around the limb and splint above and below the wounded parts. The wound itself is treated strictly on Lister's plan, except that sixteen thicknesses of gauze instead of eight are used, but no oil-silk or mackintosh. Another point is that one-third of the mattress is removed from the footboard end of the bed, and the cradle for swinging rests immediately upon the corded webbing of the bedstead. This much facilitates the dressing of the wound, and does away with the inconvenience of draw-sheets, while the other limb rests quietly upon a pillow raised to the same level as the mattress itself.

By adhering to this method, Mr. Howse has had excellent results with respect to

limb as well as to life. The mortality indeed has been very small, for out of twenty-seven cases he has lost but two—one patient died of pyæmia, whilst ulceration and sloughing were going on about the leg not operated upon, and after firm union had taken place between the bones at the seat of the excised joint; whilst the other died of tubercular meningitis, and had tubercle deposited in several of the abdominal viscera. Four cases we saw at this visit in Mr. Howse's wards in different stages of convalescence: two were able to sit up; one, a little hero of five or six years old, had recovered from amputation at the right hip-joint, and was doing infinite credit to surgeon, dressers, sister, and nurses, by getting a firmly ankylosed left knee-joint. In this case Mr. Howse's mind was not made anxious lest he should cut away any portions of the bones beyond the line of the epiphyses, for as the right lower limb had been entirely removed, it was of course impossible that any inconvenience could follow from discrepancy in the length of the legs.

Another patient, a young woman, on the tenth day after the operation, was lying quite happily and comfortably at crochet work, without the slightest evidence of febrile or any other general or local disturbance.

Three of the cases we saw had been submitted to excision for synovial disease of the knee-joint, which had advanced to a suppurative stage. The fourth, a female adult, had for years suffered from chronic rheumatic arthritis of knee and several other joints. In the right knee-joint the tibia was displaced backwards and outwards, but the disease of the left knee-joint (the one excised) was so aggravated that the woman had long been quite unable to stand upon it.

At the same visit, Mr. Lucas brought to our notice two very interesting cases under his own care. A little boy had one of his testicles in the perineum. The other patient was a child about four years old, with a congenital melicerous cyst in the neck communicating with the surface by a narrow sinus, through which was oozing a little transparent viscid fluid.

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A probe could be passed in some considerable distance. It was situated on the right side, between two and three inches below the base of the lower jaw, and in front of the border of the sterno-mastoid muscle. Mr. Lucas intended to dilate the sinus by means of a tent, and then to apply iodine or some such irritating substance to the inner wall of the cyst. — *Med. Times and Gaz.*, Oct. 30, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

International Medical Congress, Philadelphia, 1876.—The fifth International Medical Congress will be formally opened at Philadelphia at noon on Monday, fourth day of September, 1876, and sessions will be held daily during the week.

The four preceding Congresses, it will be remembered, were held at Paris in 1867, at Florence in 1869, at Vienna in 1873, and at Brussels in 1875, under the presidency, respectively, of Bouillaud of Paris, de Renzi of Naples, Rokitsansky of Vienna, and Vleminx of Brussels.

The Centennial Medical Commission, of which Dr. S. D. Gross, of Philadelphia, is President, has charge of the preliminary arrangements of the Congress of 1876. An Executive Committee, in which the different States and Territories of the Union are represented, has been appointed, which gives to the Commission a national character, and insures proper attention to the interests of these respective sections.

The Commission has just issued a circular giving the proposed general plan of organization, and business of the Congress, as follows:—

"I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

"II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Con-

gress at its first session, on the report of a Committee of Nomination.

"III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz.:—

1. Medicine, including Pathology, Pathological Anatomy and Therapeutics.
2. Biology, including Anatomy, Histology, Physiology, and Microscopy.
3. Surgery.
4. Dermatology and Syphilology.
5. Obstetrics and Diseases of Women and Children.
6. Chemistry, Toxicology, and Medical Jurisprudence.
7. Sanitary Science, including Hygiene and Medical Statistics.
8. Ophthalmology and Otology.
9. Mental Disease.

"IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

"Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme."

The State and Territorial Medical Societies are entitled to the same number of delegates to the Congress as the State or Territory has representatives in the Congress of the United States.

Active arrangements, we are informed, are now being made to insure the representation of the leading medical societies of all foreign countries.

The Commission state that "there is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876."

Delegates to the International Medical Congress of 1876.—The American Public Health Association, at its late meeting in Baltimore, elected the following gentlemen to represent it in the International Congress: Drs. J. M. Toner of District of Columbia, C. F. Folsom of Massachusetts, J. S. Billings of United States Army, Stephen Smith of New York, C.

B. White of Louisiana, J. G. Thomas of Georgia, R. C. Kedzie of Michigan, J. A. Stewart of Maryland, Thomas M. Logan of California, and H. A. Johnson of Illinois.

Harvard Medical School.—Dr. ROBT. T. EDMS has been appointed Professor of Materia Medica in this School, and Dr. WM. L. RICHARDSON, Instructor in Clinical Midwifery.

Translation of American Medical Works.—Our readers will be gratified to learn that during the year Prof. Gross's Manual of Military Surgery has been translated into Japanese; that a German translation of Prof. Da Costa's papers on Irritable Heart has been issued at Berlin; and that Prof. Hamilton's work on Fractures and Dislocations is about to be translated into German, and published at Göttingen. Thus these gentlemen have received a merited compliment and the strongest evidence of the high appreciation in which their labours are held abroad as well as at home.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—In the *Lancet* for Oct. 9, 1875, is reported a death from inhalation of chloroform occurring in a man who was taken to St. Thomas's Hospital with a dislocated arm. By some means the bandage got disturbed, and the joint again displaced, and at the patient's request chloroform was again administered in order that the limb might be once more restored to its position. Whilst the operation was being performed, however, the patient died.

The *British Med. Journ.* for October 9, 1875, contains the report of a case which occurred at Odense in Denmark (see *Ugeskrift für Læger*), and the same journal for Oct. 16, another at the Seamen's Hospital.

Peroxide of Hydrogen as a Deodorizer.—In a lecture on Deodorizers and Disinfectants, delivered to the members of the School of Science at Geelong, Dr. JOHN DAY said that the great value of peroxide of hydrogen as a deodorizer was only just begin-

ning to be understood. Professor Rosece had stated, as recently as 1871, that hydrogen dioxide, or peroxide, "does not occur in nature." Dr. Day claimed, however, to have discovered its presence, spontaneously generated, in a vast number of substances which are in almost daily use, such as all fats and fatty or expressed oils; nearly all perfumes; most, if not all, essential oils; kerosene, gasoline, and benzine; and deal and pine woods. In many respects gasoline is the best disinfectant with which he is acquainted. In addition to being highly volatile, it possessed the property of either generating peroxide of hydrogen, or of originally forming it and storing it up until brought into contact with any of those oxidizable substances for which it has an affinity. One of these two actions, he could not say which, took place long after all presence of the gasoline itself had passed away. When unglazed paper, or any porous substance, is brushed over with gasoline, it will at once give the reaction of peroxide of hydrogen, and continue to do so for a year or more. It is thus persistent in its action, which gives it an immense value over other disinfectants. He recommends that books, newspapers, etc., which have been used by fever patients, or kept in their apartments, be disinfected by brushing them over with gasoline. The most delicate wall-paper may be brushed over with it without injury, as may articles of wearing apparel. The hands may be disinfected by brushing them over with gasoline and allowing them to dry in the air. There is one drawback to its use—viz., its inflammability. Nevertheless, gasoline appears to be worthy of more attention as a disinfectant than it has hitherto received. —*Med. Times and Gazette*, Oct. 16th, 1875.

Captain Webb.—A recently published graphic "tracing" of the heart's action of this gentleman, who accomplished the extraordinary feat of swimming from Dover to Calais, affords a useful warning to athletes. It is described by Mr. Myers, surgeon of the Coldstream Guards, an expert on the subject, as typical of a heart

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that has undergone some inordinate strain and has taken on a condition of irritability, with probably some hypertrophy. It is precisely the character of pulse which he invariably finds in those young soldiers whose hearts have been overstrained in their special calling; a subject to which he has devoted some attention.

It is only an exceptional organism that can endure the terrible strain involved in great athletic feats. Many a fine young fellow has been irretrievably ruined by such efforts, and very few are benefited. —*The Sanitary Record*, Oct. 3, 1875.

Sudden Death after Thoracentesis.—In our No. for Sept. last (p. 138) will be found a case of this reported by M. Bessier. M. LECROUX communicated (July 23), to the *Société Médicale des Hôpitaux*, another case in which death supervened three-quarters of an hour after thoracentesis. The autopsy shed no light upon the cause of this sudden death. —*Gaz. Hebdom. de Méd. et de Chir.*, Sept. 3, 1875.

To Preserve Solutions of Morphia.—It is asserted by M. VIDAL that the addition of chloral to a solution of morphia renders it much less liable to spontaneous change. This fact, if it be true, is important. The alteration which concentrated solutions of morphia undergo renders their strength variable and uncertain if they are laid by for a time. M. Vidal adds to the solution a quantity of chloral equivalent to twice the weight of the morphia it contains. He affirms that the injection of this mixture is not painful. —*Lancet*, Oct. 30, 1875.

Preservation of Leeches.—A concentrated solution of salicylic acid speedily destroys leeches, but a very weak solution preserves them in all their vigor. Four drops of a solution of a gramme of salicylic in 300 grammes of water to each 100 grammes of water is the strength recommended. —*Gaz. Hebdom.*, Sept. 24, 1875, from *Journ. de Chimie et de Pharmacie*.

Is Selling Diseased Meat Immoral?—A west country parson has sent a remarkable letter to the *Times*, which gives us some

interesting information concerning the quality of some of the "first-class beef" which finds its way to the London market. He states that one of his parishioners, a tenant of his glebe, lost a fine cow during last week. The animal died of inflammation of the kidneys, and the worthy vicar was expressing his condolence at what he considered would be a heavy loss for his tenant, when to his astonishment he was informed that not only had the farmer suffered no loss from the death of the cow, but that he had actually, as it appeared, proved a gainer, for the diseased carcass of the cow had been promptly sent "to London" where it had been sold as "first-class beef." The first impulse of the vicar was, he says, to denounce the farmer as "a murderer, a thief, a false witness, and a covetous man;" but remembering that the individual in question was "a regular communicant," he thought better of the matter, and consulted his curate. The curate threw some light on the subject; for he said that the sending of diseased meat to London was "so common a practice that it was not looked upon as a crime." This is cheerful news for flesh-eating Londoners. —*The Sanitary Record*, Oct. 30, 1875.

Scarlet Fever.—This disease is now prevailing as an epidemic in London and some other parts of England and in Ireland.

Typhoid Fever.—This disease is said at the present time to be prevalent and unusually fatal in Paris.

OBITUARY RECORD.—Died, at Paris, on the 24th of October, of meningeal apoplexy, Dr. PAUL LORAIN, in the forty-eighth year of his age. Dr. Lorain was physician to La Pitié Hospital, and about three years ago was appointed to the Professorship of the History of Medicine in the Paris Faculty as successor to the lamented Daremberg.

—, at La Tour, Department of Saône et Loire, October 19, 1875, PIERRE SALOMON SEGALAS, Prof. agrégé libre of the Paris Medical Faculty, Member of the Academy of Medicine, Officer of the Legion of Honour, etc. etc. etc.

PROSPECTUS FOR 1876.

The continued favor bestowed on the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" and its adjuncts enables the publisher to maintain for 1876 the very liberal terms offered during the past year, and encourages the Editors in the effort to render these periodicals, if possible, indispensable to every reading physician.

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- II. SURGERY, by S. D. GROSS, M.D., LL.D., Professor of Surgery in the Jefferson Medical College.
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